

NEIGHBORHOOD ASSISTANCE PROGRAM PROJECT EXTENSION REQUEST

PROJECT NUMBER	PROJECT FUNDRAISING PERIOD (MM/DD/YY)	
	BEGINNING	ENDING

ORGANIZATION NAME

Use additional pages if necessary.

1. In a brief paragraph, explain whether or not your organization has achieved the outcomes and performance targets found in Appendix A of your project agreement.
2. Has your organization used all the tax credits awarded for your approved project? If your organization has not used all the tax credits awarded, what will you do differently that will enable your organization to use the remaining tax credits in the extension period.

3. Identify your organization's performance targets for the extension period and indicate any proposed changes in the scope or direction of your project (you may wish to review Appendix A of your Project Agreement).

4. Identify your organization's milestones for each quarter for the extension period. Milestones are those critical steps that your organization will take during the extension period that will enable you to achieve the performance targets detailed in question 3.

PROJECT DIRECTOR SIGNATURE



PROJECT DIRECTOR NAME PRINTED OR TYPED



DATE

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APPROVED BY



DATE